

Application form for obtaining SGfB passive membership

<i>Persnal Information</i>
Form of address / title
First name / last name
Gender
Date of birth
Nationality
<i>Correspondence address</i>
Street / number / PO Box
Postal code / location
E-mail
Telephone / fax
Mobile phone
Website

Professional information

Former and/or current professional activity

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Comments and concerns, reason for change

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Date/signature

With my signature, I confirm that I agree with the SGfB's data protection declaration regarding the use of my data (<https://www.sgfb.ch/en/data-protection>).